



National NAGPRA Program

Native American Graves Protection and Repatriation Act FY2011 Grant Application

Please read the **FY2011 Grant Guidelines** carefully before completing this form. Electronic versions of the guidelines and this application form are available by contacting the National NAGPRA Program at (202) 354-2203, or via e-mail at NAGPRA_Grants@nps.gov. The guidelines and application forms are also available on-line at www.nps.gov/nagpra/GRANTS.

SECTION 1. BASIC INFORMATION

- A. Name of Applicant _____
- B. Type of FY2011 Grant Application ____ Repatriation ____ Consultation/Documentation
- C. Type of Applicant ____ Tribal Applicant ____ Museum Applicant
- D. Amount Requested _____
- E. Has your Tribe/Museum ever received a NAGPRA grant? Yes ____ No ____
- F. Date of publication of notice(s) in Federal Register and the expected date for the repatriation to occur (*Repatriation Grants only*) _____
- G. **Project Summary:** Summarize the key points of your project. Include the number of notices and/or repatriations expected to result from this grant. Indicate if this is a collaborative project and list key partners. If funded, your summary may appear on the NAGPRA website (250 words max).
- H. **Native American Collection:**
(**Museum Applicants Only** – provide approximate numbers for items in the following categories)
- _____ Total number of items in your Native American collection
- _____ Number of Indian tribes or Native Hawaiian organizations possibly affiliated with items in your collection
- _____ Number of Native American human remains in your possession or control (specify if these are individual bones or sets of remains)

I. CONTACT INFORMATION

Name of Tribe or Museum _____

Address _____

City _____ State _____ Zip _____

Website _____ Phone _____ Fax _____

J. Project Authorizer: This person also signs the SF-424.

Name _____

Title _____

E-Mail Address _____

Telephone _____ Fax _____

K. Project Director: Who will be responsible for the programmatic management of the grant?

Name _____

Title _____

E-Mail Address _____

Telephone _____ Fax _____

L. Fiscal Management: Who will be responsible for the fiscal management of the grant?

Name _____

Title _____

E-Mail Address _____

Telephone _____ Fax _____

M. Grant Administrator: Who is the main point of contact regarding this grant?

Name _____ Title _____

Tribe/Museum _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Telephone _____ Fax _____

SECTION 2. PROJECT DESCRIPTION

All applicants must submit narrative responses to the questions on the following pages. Section 2 should not exceed five, single-sided pages typed in 12-point font.

A. GRANT OBJECTIVES AND ACTIVITIES.

GOALS AND OBJECTIVES. The goal of the NAGPRA Grants program is to increase the number of successful repatriations through support for projects that increase the ability of tribes and museums to facilitate consultations and work together through the NAGPRA process. What are the goal(s) and objectives of this project? How is this project consistent with the goal of the NAGPRA Grants Program?

GRANT ACTIVITIES. Provide a description of the activities that the participants will carry out. Explain how the activities support the goal and objectives of the grant.

DELIVERABLES. List and describe all project deliverables for this grant.

SECTION 2. PROJECT DESCRIPTION (CONTINUED)

B. PARTNERSHIPS AND RESULTS.

PARTNERSHIPS. Provide a comprehensive list of project partners (includes all museums or tribes targeted for consultation, members of a collaborative, etc.) and briefly explain their involvement. If the project involves working with a coalition, include a statement describing the coalition and list all coalition members. Please note guidelines for letters of commitment on page 12 of the Grant Guidelines.

STRATEGIC PLAN / CAPACITY. What is your tribe/museum's strategic plan for NAGPRA implementation? Describe your tribe/museum's capacity to implement the project. How will the project enable your tribe/museum to build its capacity, address current limitations, and improve its ability to advance the strategic plan and/or goals for NAGPRA?

MONITORING AND EVALUATION. How will the activities be assessed to ensure compliance with project objectives and all administrative and financial requirements? Be specific.

SECTION 2. PROJECT DESCRIPTION (CONTINUED)

- C. PERSONNEL QUALIFICATIONS.** Who will carry out the Project Activities? List all project personnel, including consultants. Describe their responsibilities and the amount of time each will dedicate to the project. If particular individuals have already been identified to participate in the project, briefly describe how their experience and qualifications are appropriate to successfully achieve the stated objectives. If you plan to hire new personnel or consultant(s), describe the criteria that will be used to competitively select these individuals or services. ***All Federal grants require consultants to be competitively selected*** (see page 10 of the guidelines for more information). **Attach brief resumes** (no more than 2 pages) for project personnel and position descriptions for personnel still to be chosen.

SECTION 2. PROJECT DESCRIPTION (CONTINUED)

- D. SCHEDULE OF COMPLETION.** Consultation/Documentation grant projects must be completed within 24 months. Repatriation Grant projects must be completed within 12 months. Using a table or outline format, list each objective, the major activities needed to complete the objective, and key times associated with each activity.

SECTION 3. BUDGET

Each cost item should clearly show how the total charge for that item was determined. If more space is needed, please follow the budget format on a separate sheet of paper. All major costs should be listed in budget categories similar to those listed below, and all cost items should be explained in the Budget Summary and Justification (Section 4). Note: Activities involving Smithsonian Institution museums are not eligible for funding under NAGPRA grants.

A. SALARIES AND WAGES. Provide the names and/or titles of key project personnel.						
Name/Title of Position	Full Time Monthly Salary	% FTE	No. of Months	Grant Funds	Match / Cost Share (if any)	Total
	\$			\$	\$	\$
	\$			\$	\$	\$
	\$			\$	\$	\$
	\$			\$	\$	\$
	\$			\$	\$	\$
Subtotal				\$	\$	\$

B. FRINGE BENEFITS. If more than one rate is used, list each rate and the wage or salary base.				
Rate	Salary or Wage Base	Grant Funds	Match / Cost Share (if any)	Total
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
Subtotal		\$	\$	\$

C. CONSULTANT FEES. This should include payments for professional and technical consultants participating in the project. Do NOT include stipends for Elders or interns here (see section F).					
Name and type of Consultant	# of Days	Daily Rate of Compensation	Grant Funds	Match / Cost Share (if any)	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Subtotal			\$	\$	\$

D. TRAVEL AND PER DIEM. For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total per diem and transportation costs for that trip. Per diem rates shall not exceed maximum Federal rates. To view current Federal domestic per diem rates, visit <http://www.gsa.gov/portal/category/21287> and follow the links to per diem information.

From/To	No. of People	No. of Travel Days	Per diem (lodging and meals) per person per day	Total per diem (lodging and meals) for this trip	Transportation costs (airfare and mileage) <u>per person</u>	Total transportation costs (airfare and mileage) for this trip	Grant Funds	Match / Cost Share (if any)	Total
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$
Subtotal							\$	\$	\$

E. SUPPLIES AND MATERIALS. Include consumable supplies and materials to be used in the project and any items of expendable equipment, defined as equipment costing less than \$5,000 or with an estimated useful life of less than two years. Equipment costing more than \$5,000 should be listed in Other Costs (Category F, below).

Item	# of items	Cost	Grant Funds	Match / Cost Share (if any)	Total
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Subtotal			\$	\$	\$

F. OTHER COSTS. List stipends (including stipends for Elders), equipment items in excess of \$5,000, and other items such as duplication and printing costs, equipment rental and other services not previously listed. Clearly define each item - "Miscellaneous," "overhead," and "contingency" are not acceptable line items.

Item	Cost	Grant Funds	Match / Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

G. INDIRECT COSTS. If indirect costs will be charged to the grant, complete the table below with your current approved indirect cost rate and the direct costs it will be applied to. Copies of your most recent indirect cost rate must be attached if indirect costs will be requested. **Only indirect costs up to 25% of the grant may be charged to the grant. ***

* The Direct Costs from sections A -- F to which the indirect cost rate applies	Current Approved Indirect Cost Rate Percentage (%)	Indirect Cost Rate Amount	Indirect Cost Rate Amount Charged to Grant
\$		\$a	\$

NOTE: Indirect costs may be applied only to eligible direct costs in accordance with your approved rate. Most indirect cost rates exclude contracts or pass-through funds above a certain amount. Please check your rate and apply it accordingly.

SECTION 4. BUDGET SUMMARY AND JUSTIFICATION

BUDGET SUMMARY			
Category	Grant Funds	Match / Cost Share (if any)	Total
A. Salaries and Wages	\$	\$	\$
B. Fringe Benefits	\$	\$	\$
C. Consultant Fees	\$	\$	\$
D. Travel and Per Diem	\$	\$	\$
E. Supplies and Materials	\$	\$	\$
F. Other Costs	\$	\$	\$
G. Indirect Costs	\$	\$	\$
TOTAL PROJECT COSTS	\$	\$	\$

BUDGET JUSTIFICATION. In the space below, provide a brief narrative justification of all cost items listed in the budget. Be specific and explain why these items are necessary to accomplish the grant objectives. If the project involves travel costs, include a brief summary of each trip (for example, Project Director and two tribal Elders will fly from Hometown to Someplace and stay three days to examine Someplace Museum's collection). If purchasing or renting large budget items, justify their necessity. Use an additional sheet, if necessary.

SECTION 5. STATUS OF CURRENT OR RECENT NAGPRA GRANT(S)

Please indicate whether or not your tribe or museum has received a NAGPRA Consultation/Documentation or Repatriation Grant within the past five years.

- _____ 1. No. We do not currently have a NAGPRA Grant, nor did we complete a NAGPRA grant in the past five years.
- _____ 2. Yes. We currently have an active NAGPRA Grant.
- _____ 3. Yes. We completed a NAGPRA Grant within the past five years.

If you answered "yes," to any of the above, list each grant number and provide an overview of each grant's activities and accomplishments. Specify the number of repatriation claim letters, Notices of Inventory Completion, Notices of Intent to Repatriate, or completed repatriations resulting from the grant and provide details. If additional space is needed, attach no more than one page.

SECTION 6. SUPPORTING DOCUMENTS

All applicants must submit certain documents in support of the project proposal. **Supporting documents should be attached to the application form in the order listed on the Proposal Cover Sheet.**

- 1) Tribal resolution confirming support for the application and authorizing implementation of the grant project, if funded. (For tribes and Native Hawaiian organizations only)
- 2) Letters of commitment from Indian tribes, Alaska Native villages or corporations, or Native Hawaiian organizations that will participate in the proposed project, stating specific responsibilities. See page 12 of the Grant Guidelines for required letters of commitment.
- 3) Letters of commitment from museums that will participate in the project, stating specific responsibilities. (If travel to museums is planned, commitment letters from these museums are required). See page 12 of the Grant Guidelines for additional requirements for letters of commitment.
- 4) Brief resumes (maximum 2 pages) for all project personnel, or detailed positions descriptions and search criteria if personnel have not yet been chosen. (Grantees must document a competitive selection process for hiring of personnel.)
- 5) Letters of commitment and resumes (maximum 2 pages) for all project consultants, if they have been selected or detailed positions descriptions and search criteria if consultants have not yet been chosen.
- 6) The following documents are required for Repatriation Grants only:
 - ☐ Copies of relevant *Federal Register* Notices
 - ☐ Letter documenting transfer of control from museum to tribe or Native Hawaiian organization
- 8) Consultation/Documentation Grants may add additional support materials (**no more than 5 pages total**)

SECTION 7. CURRENT INDIRECT COST RATE AGREEMENT

If indirect costs will be claimed from the grant, include a letter from the cognizant Federal agency approving the rate to be used and the period for which the rate is approved.

SECTION 8. APPLICANT'S MOST RECENT AUDITOR'S REPORT LETTER

Attach the letter that accompanies your most recent Independent Auditor's Report. DO NOT attach the complete audit.